



DEPARTMENT OF CONSUMER AFFAIRS
3737 Main Street, Suite 650, Riverside, CA 92501
(951) 782-4263
(951) 320-2039 Fax



INTERNET COMPLAINT FORM

PLEASE USE SEPARATE FORM FOR EACH COMPLAINT

PERSON FILING COMPLAINT (COMPLAINANT):				COMPLAINT FILED AGAINST (RESPONDENT):		LICENSE/REG. NO IF KNOWN	
ADDRESS (NUMBER) (STREET) (APT)				ADDRESS (NUMBER) (STREET)			
(CITY) (STATE) (ZIP CODE)				(CITY) (STATE) (ZIP CODE)			
PHONE WHERE YOU CAN BE REACHED: 8am-5pm				BUSINESS PHONE NUMBER			
(AREA CODE)				(AREA CODE)			
HOME PHONE				WHO DID YOU DEAL WITH?			
(AREA CODE)							

PLEASE SPECIFY TYPE OF COMPLAINT:

- | | | | |
|---|---|------------------------------------|---|
| <input type="checkbox"/> Automotive Repair | <input type="checkbox"/> Electronic and/or Appliance Repair | <input type="checkbox"/> Cemetery | <input type="checkbox"/> Home Furnishings or Thermal Insulation |
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Private Security Company | <input type="checkbox"/> Funeral | <input type="checkbox"/> Burglar Alarm Company |
| <input type="checkbox"/> Repossession Agency | <input type="checkbox"/> Security Guard/Firearm | <input type="checkbox"/> Crematory | <input type="checkbox"/> Firearm/Baton Training Facility/Instructor |
| <input type="checkbox"/> Smog Check | <input type="checkbox"/> Hearing Aid Dispenser | <input type="checkbox"/> Locksmith | <input type="checkbox"/> Proprietary Private Security Officer |
| <input type="checkbox"/> Other: _____ | | | |

PRODUCT/MODEL/ /ITEM OF CONCERN:

DATE OF PURCHASE/REPAIR/SERVICE:

BRIEFLY DESCRIBE YOUR COMPLAINT (BE SPECIFIC--WHO, WHAT, WHEN, WHERE, HOW): (Use additional paper if needed)

WHAT DO YOU WANT THE PERSON OR COMPANY TO DO TO SATISFY YOUR COMPLAINT?

READ THE FOLLOWING BEFORE SIGNING BELOW

Please attach to this form copies of any papers involved (contracts, bills received, correspondence, invoices, estimates, etc). Paperwork received will not be copied and/or returned.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT TO THE BEST OF MY KNOWLEDGE ALL OF THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE

DATE